VALLEY CHRISTIAN SCHOOLS
EQUIP & INSPIRE

Preschool Family Questionnaire

Parent(s) First Name_____ Last Name_____

Child First Name_____ Last Name_____

Which schedule are you considering?

❒ Full-Day ❒ Half-Day

How many days per week?

❒ 5 ❒ 3 ❒ 2 Which days? Please circle: M T W TH F

How many months per year?

❒ 12 months ❒ 10 months

When are you interested in beginning?

_____ 20_____
Month *Year*

What do you want your child taught about God?

_____

_____

_____

List three priorities regarding the education of your child.

_____

_____

_____

_____ _____ _____ _____
Mother/Guardian Signature Date Father/Guardian Signature Date